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CONFIRMATION NO. 5585

<b>SERIAL NUMBER</b> 10/757,832	<b>FILING OR 371(c) DATE</b> 01/14/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 60005161-0168	
<b>APPLICANTS</b> Herbert W. Virgin, Clayton, MO; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/440,016 01/14/2003 <i>OK, SBC 1/26/06</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None, SBC 1/26/06</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 11/10/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>SBC</i> Verified and Acknowledged <i>SBC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 7 ✓
<b>ADDRESS</b> 26263					
<b>TITLE</b> Murine calicivirus					
<b>FILING FEE RECEIVED</b> 757	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		